



Colorado Department
of Public Health
and Environment

Total Trihalomethane Certified Laboratory Report Form
WQCD - Drinking Water CAS
Submit Online at <http://www.wqcdcompliance.com/login>

Revision: 4/13/2015

TTHM

| Section I (to be completed by the Public Water Systems only) | | | | | Section II (to be completed by Laboratories only) | | | | | |
|--|--------------------------|--------------------|--|-------------------|---|-----------------------|-------------------|---------------------|----------------|---------------|
| Public Water System Information | | | | | Laboratory Information | | | | | |
| PWSID#: CO0159119 | | | Facility ID:DS001 | | Laboratory ID: CO015 | | | | | |
| System Name: Alpanse Water District | | | | | Laboratory Name: Colorado Analytical Laboratory | | | | | |
| Contact Person: Vanessa Mancill | | | Phone #: 970-494-1610 | | Contact Person: Customer Service | | | Phone: 303-659-2313 | | |
| Comments: | | | | | Comments: | | | | | |
| Section III (Supplied or Completed by PWS) | | | Section IV (Supplied or Completed by Certified Laboratory) | | | | | | | |
| Sample Date | Sample Pt ID On Schedule | Address - Location | Lab Receipt Date | Lab Analysis Date | Laboratory Sample ID # | Analyte | Analytical Method | MCL (ug/L) | Lab MRL (ug/L) | Result (ug/L) |
| 8/16/23 | DBP001 | Lot 16 | 8/16/23 | 8/18/23 | 230816163-01 | Chloroform | EPA-524.2 | N/A | 0.5 | 7.42 |
| | | | | | | Bromoform | EPA-524.2 | N/A | 0.5 | 1.01 |
| | | | | | | Bromodichloromethane | EPA-524.2 | N/A | 0.5 | 7.55 |
| | | | | | | Dibromochloromethane | EPA-524.2 | N/A | 0.5 | 5.14 |
| | | | | | | Total Trihalomethanes | EPA-524.2 | 80 | 0.5 | 21.1 |

NT: Not Tested
Lab MRL: Laboratory Minimum Reporting Level
BDL: Below Laboratory MRL. A less than (<) may also used.

ug/L: Micrograms per Liter
MCL: Maximum Contaminant Level

9/6/23
230816163
1/1
Y

Drinking Water Chain of Custody



| Report To Information | Bill To Information (If different from report to) | Project Information |
|---|---|---|
| Company Name: <u>AIWS</u> | Company Name: _____ | PWSID: <u>CO 0159119</u> System Name: <u>Alpensee</u> |
| Contact Name: <u>Jade Meyer</u> | Contact Name: _____ | |
| Address: _____ | Address: _____ | Compliance Samples: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Send Results to CDPHE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ | CAL Task 230816163 SBM |
| Phone: <u>970-494-1610</u> | Phone: _____ | |
| Email: _____ | Email: _____ | |
| Sample Collector: <u>Ron Torres</u> | PO Number: _____ | |
| Sample Collector Phone: <u>720-882-1960</u> | | |

Commerce City Lab
10411 Heinz Way
Commerce City CO 80640

Lakewood Service Center
12860 W. Cedar Dr, Suite 100A
Lakewood CO 80228

Phone: 303-659-2313

www.coloradolab.com

| PHASE I, II, V Drinking Water Analyses (check requested analysis) | | | | | | | | | | | | | Subcontract Analyses | | | | | | | | | | | | | | | | | | |
|---|------|---------------------------------|-------------------|---|--------------------|----------------|----------------|------------------|------------|-----------------|------------------|----------------|----------------------|--------------|-------------|-------------|-------------|---------|---------|----------|------------|---------------------------|-------------------|-----------------------|------------------|----------------|-------|---------|----------|--|--|
| Date | Time | Client Sample ID / Sample Pt ID | No. of Containers | Residual Chlorine (mg/L) P/A Samples Only | Total Coliform P/A | 504.1 EDB/DBCP | 505 Pests/PCBs | 515.4 Herbicides | 524.2 VOCs | 525.2 SOCs-Pest | 531.1 Carbamates | 547 Glyphosate | 548.1 Endothall | 549.2 Diquat | 524.2 TTHMs | 552.2 HAA5s | Lead/Copper | Nitrate | Nitrite | Fluoride | Inorganics | Alk./Lang. Index (Circle) | TOC, DOC (Circle) | SUVA, UV 254 (Circle) | Gross Alpha/Beta | Radium 226/228 | Radon | Uranium | Chlorite | | |
| 8-16-23 | 0900 | DBP001 | LOT 16 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|------------------------------------|--|--|---------------------------------|--|--|-----------------------------------|--|--|-------------------------------------|--|--|------------------|----------------------------|--|--------------------|--|--|---|--|--|--|-------------------------------------|--|--|--|--|--|--|--|
| Instructions: | | | | | | | | | | | | | C/S Info: | | | | | Seals Present Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Headspace Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Relinquished By: <u>Ron Torres</u> | | | | | | | | | | | | | Delivered Via: <u>Hand</u> | | | | | C/S Charge <input type="checkbox"/> | | | | Temp. <u>11.9</u> °C / Ice <u>4</u> | | | | Sample Pres. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| Date/Time: <u>8-16-23 1440</u> | | | Received By: <u>[Signature]</u> | | | Date/Time: <u>8-16-23 4:42 PM</u> | | | Relinquished By: <u>[Signature]</u> | | | Date/Time: _____ | | | Received By: _____ | | | Date/Time: _____ | | | | | | | | | | | |